

Elderly Home Safety Checklist

Use this checklist to conduct a complete inspection of a residence to help determine if a senior's home is safe from hazards that could jeopardize their well-being and independence. Find the digital version of this form and more at fulcrumapp.com/checklists.

General information

Address Street Address _____

City, State, Zip _____

- Type of home SingleChoice
- Single-family home
 - Apartment
 - Condominium/townhome
 - Mobile home

Contact name _____

Contact phone/email _____

Bedroom

- ▶ Do rugs create a tripping hazard?
 Pass Fail N/A

- ▶ Is the room cluttered with clothing, magazines, excess furniture?
 Yes No N/A

- ▶ Is there access to telephone or cell phone?
 Yes No N/A

- ▶ **Is there enough light?**
 Yes No N/A

- ▶ **Is the bed at appropriate height? (Not too high or too low?)**
 Yes No N/A

- ▶ **Do electrical cords present a hazard?**
 Yes No N/A

Notes _____

Bathrooms

- ▶ **Are grab bars available near the tub, shower, and toilet?**
 Yes No N/A

- ▶ **If the floor is slippery, are bathmats present?**
 Yes No N/A

- ▶ **Is the bathtub an accessible height?**
 Yes No N/A

- ▶ **Is the toilet the correct height?**
 Yes No N/A

- ▶ **Is there potential for bath water to scald?**
 Yes No N/A

- ▶ **Are medications properly stored and accessible?**
 Yes No N/A

Notes _____

Living room

- ▶ Is there enough space to move around freely?
 Yes No N/A
- ▶ Is furniture stable?
 Yes No N/A
- ▶ Is there adequate lighting?
 Yes No N/A
- ▶ Are there tripping hazards? (Throw rugs, electrical cords, uneven flooring)
 Yes No N/A
- ▶ Is the room temperature comfortable?
 Yes No N/A
- ▶ Does window glare make it difficult to see?
 Yes No N/A

Notes _____

Hallway

- ▶ Is there a working smoke alarm and carbon monoxide detector?
 Yes No N/A
- ▶ Is there adequate lighting at night?
 Yes No N/A
- ▶ Are there tripping hazards?
 Yes No N/A

Notes _____

Kitchen

- ▶ Are cabinets accessible to the senior?
 Yes No N/A
- ▶ Is there clutter on countertops or elsewhere?
 Yes No N/A
- ▶ Is there adequate lighting for cooking?
 Yes No N/A
- ▶ Are pathways obstructed or floor slippery?
 Yes No N/A
- ▶ Are knives and other sharp utensils stored properly?
 Yes No N/A
- ▶ Are dangerous chemicals and cleaning materials stored properly?
 Yes No N/A

Notes _____

Laundry room/basement/garage

- ▶ Is there adequate lighting on stairways?
 Yes No N/A
- ▶ Are there handrails on the stairway?
 Yes No N/A
- ▶ Are the stairs too steep or slippery?
 Yes No N/A
- ▶ Does the last step blend in with the floor?
 Yes No N/A

- ▶ Are the pathways cluttered?
 Yes No N/A
- ▶ Are there spills or other slipping/tripping hazards?
 Yes No N/A
- ▶ Does the senior have to carry laundry up and down the stairs?
 Yes No N/A
- ▶ Is there trash piled up?
 Yes No N/A
- ▶ Are power tools and lawn chemicals securely stored?
 Yes No N/A
- ▶ Is the garage secure?
 Yes No N/A

Notes _____

Foyer/front yard

- ▶ Do steps have proper handrails?
 Yes No N/A
- ▶ Are steps too steep, cracked, or uneven?
 Yes No N/A
- ▶ Are driveways and walkways snow- and ice-covered?
 Yes No N/A
- ▶ Is there adequate lighting at night?
 Yes No N/A

- ▶ Can senior hear the doorbell?
 Yes No N/A

Notes _____

Certification

- ▶ Passed?
 Pass Fail

Name of Inspector
Please print _____

Signature _____

Date _____ / _____ / _____

Time _____ : _____ AM / PM



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